

Attorney Socket No. 59183-8046.US01

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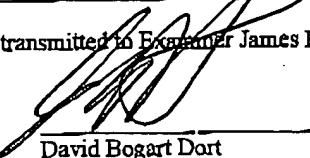
UNITED STATES DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Heiland

APPLICATION NO.: 09/297,406**FILED:** April 29, 1999**FOR: CLAMPING DEVICE AND
PRODUCTION PROCESS****EXAMINER: BRITAIN****ART UNIT: 3677****CONFIRMATION NO:****CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.8(a)**

I hereby certify that this correspondence is being transmitted to Examiner James R. Britain, Art Unit 3677 of the USPTO via facsimile number (703)-305-7687.

Date: June 2, 2003

David Bogart Dart

Mail Stop: No-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:
 Amendment and Remarks

STATUS

Applicant is
 small entity.

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input checked="" type="checkbox"/> three months	\$ 930.00	\$465.00

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

If an additional extension of time is required please consider this a petition therefor.

An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
			Rate	Addit. Fee		Rate	Addit. Fee
Total * 4	Minus *0* 31	= 0	x9=	\$ 0.00	x18=	\$ 0.00	
Indep. * 1	Minus *0* 3	= 0	x42=	\$ 0.00	x84=	\$ 0.00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+140=	\$ 0.00	x280=	\$ 0.00		
		TOTAL ADDIT. FEE	\$ 0.00	OR	TOTAL ADDIT. FEE	\$ 0.00	

No additional fee for claims required.

Total additional fee for claims required \$ _____

FEE PAYMENT

Attached is a check in the sum of \$ _____

Charge Account No. 50-2283 the sum of \$ 465.00.

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283.

Respectfully submitted,
Perkins Coie LLP


#50,213
David Bogart Dort
Reg. No. 50,213

Date: Junc 2, 2003

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